Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201	10226				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		SIM	IS4P	APAC										
Street Address:	1120 RODM	AN ST.,A	PT 2														
City:	PHILADELPH -	IA						State:	PA			Zip Code: 19147					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u> !	5.	30 DA		POST-	POST- 6.			ATION	Yes	No		/
report type)	ANNUAL REPOR	7. X	Year 2015		FILING METHOD () CHECK ONE									$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR		10000	I			
								11		3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	,
	Receipts and	МО	DAY	YEAR	1			МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		11 24	2	015	T	0	12	2	31	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,4	112.72						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$			1,:	119.70						
C. Total Funds	Available (Sum 0	of Lines A	and B)				\$			2,5	532.42						
D. Total Expenditures (From Schedule III)							\$			1,0	21.82						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	C)			\$			1,5	10.60						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign h	nere.	If th	is is	a Can	didate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sch	edules	s filed	d on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	16
Sworn to and subs	cribed before me th day of	is	20							5	ignature	of Perso	n Submit	ting Rep	ort		-
	Signat	ure					-					Prin	ted Name	9			-
My Commission Ex	cpires						_					Ema	il				_
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc		5	20								s	ignature o	of Candid	ate			-
-	day of						-					Printe	d Name				-
	Signature						-					Ema	ii				_
My Commission Exp	oires						_										
	МО	D	AY	YR			-		Area	Code		Da	ytime T	elephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -						
Name of Filing Committee or Candidate	Reporting	g Period				
SIMS4PAPAC	From:	11/24/20	<u>L5</u> To :	12/31/2015		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	g Period	(1)	\$	519.70		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)						
Contributions Received From Political Committees (Part A)			\$	0.00		
All Other Contributions (Part B)	\$	600.00				
TOTAL for the Reporting Period (2) \$ 600.						
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	0.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	J Period	(3)	\$	0.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)						
TOTAL for the Reporting) Period	(4)	\$	0.00		
			<u> </u>			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,119.70		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate Repo			orting Po	eriod				
SIMS4PAPAC			Fro	m:	11/24/2	2015 T o):	12/31/2015
					DATE			AMOUNT
Full Name of Contributor PETE CAZACUS				МО	DAY	YEAR		
Mailing Address 2112 GREENWOOD	DR						\$	100.00
City BAKERSFIELD	State CA	Zip Code (Plus 4) 933064816		12	31	2015		
Full Name of Contributor WENDY COX				МО	DAY	YEAR		
Mailing Address 109 S 21ST ST City PHILADELPHIA	State PA	Zip Code (Plus 4) 191034461		12	11	2015	\$	100.00
Full Name of Contributor WALKER GILMORE				МО	DAY	YEAR		
Mailing Address 1825 ADDISON ST							\$	50.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191461401		11	30	2015		
Full Name of Contributor WALKER GILMORE				МО	DAY	YEAR		
Mailing Address 1825 ADDISON ST City PHILADELPHIA	State PA	Zip Code (Plus 4) 191461401		12	30	2015	\$	50.00
Full Name of Contributor MICHAEL HALL				МО	DAY	YEAR		
Mailing Address 558 DONALD ST							\$	100.00
City MOBILE	State AL	Zip Code (Plus 4) 366173307		12	15	2015		

Full Name of Contributor JAMES MACCALL	МО	DAY	YEAR			
Mailing Address 546 HERMITAGE ST						\$ 100.00
State PHILADELPHIA PA 191282602				30	2015	
Full Name of Contributors						I
Full Name of Contributor BRIAN PARKER			МО	DAY	YEAR	
BRIAN PARKER	ELL AVE APT 1		MO	DAY 19	YEAR 2015	\$ 100.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 600.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Committ	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

ame of Filing Committee or Candidate				Reporting Period				
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
Employer Name				Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page	, Section	on 3.			F \$	PAGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Ca	Name of Filing Committee or Candidate			ting Perio	Reporting Period				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	·	•				•	•		
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL	
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	0.00	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	
SIMS4PAPAC	From:	11/24/2015 To:	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate Re			g Period			
			From:				
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
SIMS4PAPAC			From	11/2	<u>4/2015</u>	То:	12/31/2015
			DATE				AMOUNT
To Whom Paid ACTBLUE TECHNICAL SERVICES			МО	DAY	YEAR		
Mailing Address 366 SUMMER ST			11	30	2015	\$	86.12
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132		scription of Expenditure EDIT CARD PROCESSING FEE			
To Whom Paid ACTBLUE TECHNICAL SERVICES			мо	DAY	YEAR		
Mailing Address 366 SUMMER ST			12	31	2015	\$	118.04
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEE				
To Whom Paid AT&T			МО	DAY	YEAR		
Mailing Address 12525 CINGULAR WAY			12	11	2015	\$	294.66
City ALPHARETTA	State GA	Zip Code (Plus 4) 300048502	Description of Expenditure TELEPHONE				
To Whom Paid AT&T			мо	DAY	YEAR		
Mailing Address 12525 CINGULAR WAY			12	17	2015	\$	223.00
City ALPHARETTA	State GA	Zip Code (Plus 4) 300048502	Description of Expenditure TELEPHONE				
To Whom Paid NGP VAN			мо	DAY	YEAR		
Mailing Address 1101 15TH ST NW STE 500			12	2	2015	\$	300.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure DATABASE MANAGEMENT				
Forting Council To the Council	·		<u>'</u>				PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item I	<i>)</i> .			\$	1,021.82